

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035454

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 204

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 16 1963

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) Gladstone		c. CITY OR TOWN R.R. #22 Kan. City 53	
Length of stay in 1b 5 Mth.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6409 North Central		d. STREET ADDRESS (If outside, give location) Tiffany & Springs Rds.	
3. NAME OF DECEASED (Type or print) First Katherine Middle George Last George		4. DATE OF DEATH Month Sept. Day 13 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo.	
13a. FATHER'S NAME Charles Feindel		13b. MOTHER'S MAIDEN NAME Anna Eliza Bosley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Kan. City 18, Mo. Erma Dee Todd 6409 No. Central	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) Coronary thrombosis Bilateral art thrombosis (chronic) Parkinson's disease		INTERVAL BETWEEN ONSET AND DEATH Sudden 2 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 10 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:54 a.m. 1963 Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Platte City, Mo.	
21. I attended the deceased from 10/5/63 to 10/6/63 and last saw her live on 9/6/63		22. ADDRESS Platte City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-16-1963	
23c. NAME OF CEMETERY OR CREMATORIUM MT. WASHINGTON		23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 9-14-63	
26. REGISTRAR'S SIGNATURE Marguerite Hudson			

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address

No. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.